

**File this report with:**

Alaska Public Offices Commission  
2221 E. Northern Lights Blvd. Rm 128  
Anchorage, AK 99508-4149  
Fax: 907-276-7018  
Phone: 907-276-4176 or  
1-800-478-4176

**CAMPAIGN DISCLOSURE STATEMENT**

**COVER PAGE**

**FOR CANDIDATES AND GROUPS**



**CANDIDATE/GROUP NAME:** \_\_\_\_\_

**CAMPAIGN ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**OFFICE/RACE:** \_\_\_\_\_ **DISTRICT/SEAT:** \_\_\_\_\_

**REPORTING PERIOD (From \_\_\_\_\_ Through \_\_\_\_\_ )**

(Please enter beginning and ending dates and check appropriate boxes)

**TYPE**

**ELECTION**

**REPORT**

**MUNICIPAL:**

- ☐ MUNICIPAL  
☐ RUNOFF  
☐ SPECIAL

**STATE:**

- ☐ PRIMARY  
☐ GENERAL  
☐ SPECIAL

- ☐ NO ELECTION  
☐ OTHER

- ☐ 30 DAY REPORT  
☐ 7 DAY REPORT  
☐ YEAR-END REPORT

Check below if applicable:

☐ **NO ACTIVITY.** During the time period above, we received NO contributions, made NO expenditures, and incurred NO debts. Our closing cash on hand is identical to the closing cash on hand disclosed in our last report. If this is the case, file this page only.

☐ **FINAL REPORT.** We have closed out our campaign account. Our closing cash on hand is zero and we have no outstanding debts.

**CERTIFICATION:** I, in my capacity as candidate or campaign treasurer, certify that, to the best of my knowledge, this report is true, correct, and complete.

**Sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Original signature of candidate or treasurer required)

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

